IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.:   **ISPH-0828**

Inventors: **James G. Karras**

Title: **Antisense Oligonucleotide Modulation of STAT3 Expression**

MAIL STOP Sequence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA   22313-1450

Sir:

PATENT APPLICATION TRANSMITTAL LETTER

Transmitted herewith for filing, please find the following:

(xx)   The specification of the above-referenced patent application.

( )   _____ sheet(s) of ( ) **formal**/( ) **informal** drawing(s).

(XX)   An ( ) **executed**/(xx) **unexecuted** Declaration or Oath and Power of Attorney.

( )   A certified copy of a _____ application.

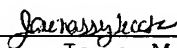( )   An Associate Power of Attorney.

ISPH-0828

CERTIFICATE OF EXPRESS MAILING

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I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.A. 1.10 on the date indicated above and is addressed to the Mail Stop Sequence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1) Utility Patent Application Transmittal Letter (2 copies);

2) Application consisting of 125. pages of Specification, including 2 pages of Claims and 1 page of Abstract;

3) Copy of unexecuted Declaration and Power of Attorney;

4) Statement to Support Filing and Submission in Accordance with 37 CFR §1.821-1.825;

5) A computer-readable form of the sequence listing;

6) Paper copy of Sequence Listing;

7) Trust check in the amount of $770.00 for filing fees;

8) Return Postcard.

_____
Jane Massey Licata

( )   Applicant claims small entity status pursuant to 37 CFR §1.27.

(xx)   Statement to Support Filing and Submission of DNA/Amino Acid Sequences in Accordance with 37 CFR §§ 1.821 through 1.825.

( )   Other: _____.

The filing fee has been calculated as shown below:

For:	No. Filed	No. Extra	SMALL ENTITY			OTHER THAN SMALL ENTITY	
			Rate	Fee	OR	Rate	Fee
BASIC FEE				$385	OR		$770
Total Claims	18 - 20 =		x $9=	$	OR	x $18=	$
Indep. Claims	2 - 3 =		x $43=	$	OR	x $86=	$
First Presentation Multiple Dependent Claims			+$145=	$	OR	+$290=	$
			TOTAL	$			$770

( ) Please charge my Deposit Account No. 50-1619 in the amount of $____. This sheet is attached in duplicate.

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( ) The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

(XX) Any filing fees under 37 CFR 1.16 including fees for presentation of extra claims.

Respectfully submitted,

Jane Massey Licata
Registration No. 32,257

Date: **February 6, 2004**

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